South West Healthcare recognised our extended length of stay (LOS) compared to other health services.

Significant wait list for elective hip and knee replacements (up to 2 years).

Implemented an 'enhanced recovery' program to improve the patient's journey through the elective joint replacement process.

A multidisciplinary approach was used to ensure a patient centred, holistic management plan was delivered pre, during and post their hospital admission.
Implementation Progress

Pre-operative
- Initial education booklet
- “Prehab” appointments
- Pre-operative clinic redesign
- RAPT scores
- Early referral to OT
- Ability to escalate surgery

Inpatient Stay
- Twice daily Physio including weekends
- Mobilised day of surgery
- New AHA roles (1.4 EFT)
- Increased OT
- Daily Ward Huddle
- Standardisation of surgeon orders eg CPM
- Aim 4 day LOS
- Revised MDT pathway

Post-operative Outpatient
- Improved access to follow-up Physio (within 10 days)
- Individual and group options
- New orthopaedic Physio group
Feedback from patients:

“The ‘new system of getting out of bed on the day of surgery’ is marvelous! 2 months down the track I wouldn’t even know that I have had my knee replaced! I had reservations about the new process of getting moving so quick, given that I had the other side done 5 years ago and knew what I was in for, but I can’t believe the difference between the two!”
Length of Stay Trend 2013-2015
Routine Elective TKR

Median LOS for Routine Elective TKR

- Median LOS (per month)
- Median LOS (pre-implementation)
- Linear (Median LOS (per month))

Implementation period
Length of Stay Trend
Routine Elective TKR

Length of stay for Routine Elective TKR: May 2015 - June 2016

[Graph showing the length of stay trend for Routine Elective TKR from May 2015 to June 2016]
Length of Stay Trend:
Routine Elective THR

Length of Stay for Routine Elective THR: May 2015 - June 2016
Initially number of Pre-hab appointments attended increased as patients were placed on the program.

As the surgery wait time shortens, the client attends less pre-hab appointments.
<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow progress / unsafe / delirium / cognitive impairment</td>
<td>6</td>
</tr>
<tr>
<td>Issues with wound, blisters</td>
<td>3</td>
</tr>
<tr>
<td>Low Hb / hypotensive episode / vasovagal episode</td>
<td>3</td>
</tr>
<tr>
<td>Urinary retention</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac events eg. AF, Chest pain</td>
<td>1</td>
</tr>
<tr>
<td>Deep vein thrombosis / Pulmonary Embolus</td>
<td>1</td>
</tr>
<tr>
<td>Surgeon request</td>
<td>1</td>
</tr>
<tr>
<td>Intra-op fracture</td>
<td>1</td>
</tr>
</tbody>
</table>
Positive Outcomes

- Successfully mobilised around >80% of patients on day of surgery (morning surgery).
- Short Stay Ward multidisciplinary Huddle very effective in efficient discharge planning
- RAPT scores being used to aid planning of discharge dates/destination
- Improved intensity of therapy for patients
- Successful commencement of new multi-disciplinary AHA role
- Patient education commenced once on waiting list (booklet)
- Standardisation of surgeon's post-operative orders
- **Smooth experience and holistic care of patients!**
276 bed days saved on routine THR & TKR
Summary of Results

Provides capacity for 61 additional joint replacement patients per year, which could have a significant effect on waiting lists.

157 joint replacements July 15 – Jun 16
Therefore 39% increase
**Areas For Improvement / Still To Implement**

- Review pre-habilitation pathway given much shorter waitlist. Include Occupational Therapy input.
- Continue to improve TKR/THR Length of Stay and maintain consistency
- Consistency of surgeon practice/discharge criteria e.g. educating new surgeon staff
- Redesign of pre-operative clinic
- 12 monthly evaluation (due July 2017)


